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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator
Yates Petroleum Corporation

Address
207 South 4th Street - Artesia, NM 88210

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain) GAS MUST NOT BE [illegible] 11/28 DATE OF CONNECTION TO E-4076 IS OBTAINED.

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

R-5609

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Ed Powell ~~Fed~~. IG	1	~~Und.~~ Queen Penrose	State, Federal or Fee NM 2593 Fed.	

Location
Unit Letter L ; 1650 Feet From The South Line and 330 Feet From The West

Line of Section 18 Township 26S Range 38E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Company	No. Freeman Ave.-Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	18	26S	38E	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion--(X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
6-28-77	10-1-77	3750'	3733'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3002'	Queen Penrose	3596'	3576'
Perforations			**Depth Casing Shoe**
3596-3637'			3733'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	8-5/8"	398'	250
7-7/8"	5½"	3733'	125

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-1-77	11-4-77	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	25		2"
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
9	7	2	1

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Christine Tomlinson
(Signature)

Christine Tomlinson-Geol. Secty
(Title)

OIL CONSERVATION COMMISSION

APPROVED NOV , 19

BY [signature]

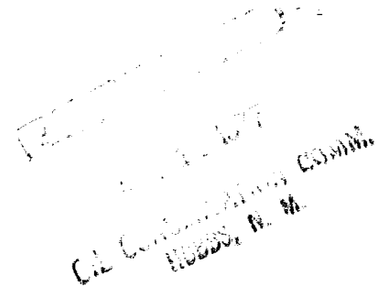
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner



RAILROAD COMMISSION OF TEXAS
OIL AND GAS DIVISION

Form W-12
(1-1-71)

INCLINATION REPORT
(One Copy Must Be Filed With Each Completion Report)

1. FIELD NAME (as per RRC Records or Wildcat): Yates Petroleum Corp.
2. LEASE NAME: Ed Powell ~~Federal~~ "IG"
3. OPERATOR: 207 South Fourth Street
4. ADDRESS: Artesia, N. Mex. 88210
5. LOCATION (Section, Block, and Survey): 1650' FSL & 330' FWL of Section 18-26S-38E
6. RRC District:
7. RRC Lease Number (Oil completions only):
8. Well Number: 1
9. RRC Identification Number (Gas completions only):
10. County: Lea

RECORD OF INCLINATION

*11. Measured Depth (feet)	12. Course Length (Hundreds of feet)	*13. Angle of Inclination (Degrees)	14. Displacement per Hundred Feet (Sine of Angle X100)	15. Course Displacement (feet)	16. Accumulative Displacement (feet)
548	398	1	1.75	6.97	6.97
903	355	1 1/4	2.16	6.59	13.57
1280	377	1 1/2	2.62	15.12	28.69
1469	189	1 1/2	2.62	4.95	33.64
1962	493	2 1/4	3.93	19.37	53.01
2246	284	2 3/4	4.80	13.63	66.64
2415	169	4 1/2	7.85	13.27	79.91
2460	45	4	6.97	3.14	83.05
2631	171	5 1/2	9.58	16.38	99.43
2677	66	4	6.97	4.61	104.04
2790	93	4	6.97	6.48	110.53
2852	62	3 1/2	6.10	3.78	114.31
2978	126	3	5.23	6.59	122.90
3073	95	3	5.23	4.97	125.87
3750	677	2 1/4	3.93	26.61	152.48

If additional space is needed, use the reverse side of this form.

17. Is any information shown on the reverse side of this form? [ ] yes [ ] no
18. Accumulative total displacement of well bore at total depth of 3750 feet = 152.48 feet.
*19. Inclination measurements were made in — [ ] Tubing [ ] Casing [ ] Open hole [X] Drill Pipe
20. Distance from surface location of well to the nearest lease line _____ feet.
21. Minimum distance to lease line as prescribed by field rules _____ feet.
22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? _____
(If the answer to the above question is "yes", attach written explanation of the circumstances.)

INCLINATION DATA CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative: Frances Hanson
Name of Person and Title (type or print): FRANCES HANSON
Name of Company: Loyd Drlg. Co.
Telephone: 915 Area Code 321-0910

OPERATOR CERTIFICATION

I declare under penalties prescribed in Article 6036c, R.C.S., that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by asterisks (*) by the item numbers on this form.

Signature of Authorized Representative: _____
Name of Person and Title (type or print): _____
Operator: _____
Telephone: _____ Area Code

Railroad Commission Use Only:

Approved By: _____ Title: _____ Date: _____

* On signature items certified by company that conducted the inclination surveys.